

# EUFAULA POLICE DEPARTMENT

## RECORD INSPECTION/COPY REQUEST FORM

(TO BE COMPLETED BY PERSON MAKING REQUEST)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# TO CALL UPON COMPLETION: \_\_\_\_\_

### RECORD SOUGHT

(Give as many details as possible about the incident/accident requested.)

SELECT TYPE: \_\_\_\_\_ ACCIDENT (vehicle) \_\_\_\_\_ INCIDENT (burglary, fight, theft, all others)

Name of at least one person involved in accident/incident: \_\_\_\_\_

Name of others involved: \_\_\_\_\_

Location of accident/incident: \_\_\_\_\_

Date and Time of accident/incident: \_\_\_\_\_

Officer who responded to accident/incident: \_\_\_\_\_

Other details: \_\_\_\_\_

CHARGES: In some instances, a charge for record search is authorized by state law and has been established by the City of Eufaula. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee schedule established by the City is posted in this office. Your copy of this form is your receipt. CHARGES DUE UPON RECEIPT OF DOCUMENT.

Prepayment of the above amount: \_\_\_\_\_ is required \_\_\_\_\_ is not required

Time of Request:

Time Access Provided:

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Search Time Involved: \_\_\_\_\_

Total Charges: \$ \_\_\_\_\_

Name of employee: \_\_\_\_\_

Date and time received by Records Clerk: \_\_\_\_\_

Result of request: \_\_\_\_\_ No Record \_\_\_\_\_ Record found and submitted to City Hall

Submitted by \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_ In person By Whom: \_\_\_\_\_

Notes: \_\_\_\_\_